



STATE OF ARIZONA
DIVISION OF EMERGENCY
MANAGEMENT



RECOVERY SECTION

STANDARD OPERATING PROCEDURES

PUBLIC ASSISTANCE PROGRAM

SECTION 17

REIMBURSEMENT REQUEST PROCESS

Rev 5/08



**STATE OF ARIZONA
DIVISION OF EMERGENCY MANAGEMENT
PUBLIC ASSISTANCE PROGRAM**



STANDARD OPERATING PROCEDURES

REIMBURSEMENT REQUEST PROCESS

I. OVERVIEW

The Arizona Division of Emergency Management is responsible for management of monies appropriated from the Governor's Emergency Fund for declared disasters. The Applicant shall comply with cost-sharing requirements of State disaster assistance; specifically, that State assistance is limited to 75% of eligible expenditures. The Applicant shall provide the remaining 25% share of eligible costs.

The Applicant periodically requests reimbursement of funds from the State for funds that have been incurred or expended. The Public Assistance Program is a reimbursement program; the eligible cost(s) must be incurred/expended before they can be reimbursed. It takes approximately 14 days to process a typical request for payment through the State system and the Applicant should take this into account when timing requests for funds.

When a project is complete, the State determines the final cost of accomplishing the eligible work after performing final inspections and audit. After reviewing the completed project the State will consider adjusting the amount of the grant to reflect the actual cost of the eligible work.

II. REQUESTS FOR PAYMENT

The applicant is given the Request for Payment form (AZ PA 204-15) once projects have been approved. The applicant will complete the form by listing all approved project worksheets, the approved project worksheet amount, percentage complete, date completed, and the amount they are requesting. The amount requested should equal the amount expended to date.

III. PROCESSING CLAIM & VERIFICATION

Upon ADEM's receipt of the request for payment form (AZ PA 204-15), ADEM will initial and date the day the form was received; verify that the signature on the page is that of the approved applicant agent.

The Applicant's file is reviewed for correct project worksheet numbers and amounts, and any previous payments that may have been made to be sure there is no duplication of payments.

IV. CALCULATING PAYMENT

Of the amount requested for each project worksheet calculate 65% State Share to be paid to applicant. Only 65% is reimbursed prior to the final inspection and audit. When the applicant has completed the final audit process the remaining eligible amount (based on audit findings) will be reimbursed to the applicant.

Once the calculations have been made, locate the applicant under the appropriate State Declarations spreadsheet under - I:\Recovery\PA Branch\FINANCE\Payment Letters\Spreadsheets.

The Project Worksheet/Payment Summary has the information needed to complete the reimbursement. Follow the following process to document the payment on the worksheet:

- Pull up the appropriate fiscal year spreadsheet for the disaster,
- Find the applicant's summary page,
- Find the project worksheet for which funds are being requested,
- Under the "Payments" column type in the last payment made to the applicant in the "To Last Payment" column.
- Change the date to the current date,
- Enter in the amount calculated from the payment request form.
- The "To Date", "% Paid", and "Balance" fields will auto-calculate based on formulas that were input into the spreadsheet.

Note: To print the payment summary highlight the area of the applicant's payment information and print the selection.

V. CERTIFICATE OF AVAILABILITY

A Certificate of Availability is required to be included with the payment summary before sending to the Finance Office for processing. The availability will have the disaster number, applicant name, AFIS Vendor Number and dollar amount of reimbursement. Obtain signature from PA Branch Chief on the availability, and the payment summary. After obtaining the signature of the PA Branch Chief make copies of the financial package to be put in the applicant file.

Prepare a routing slip to the Director for his signature; the routing slip will then be forwarded to the Finance office for processing. Finance will advise via email when the

warrant comes in to their office. The email will state the applicant name and amount of the warrant. Verify the amount of the warrant is the same as what was requested.

V. APPLICANT REIMBURSEMENT PACKAGE

The reimbursement package to the applicant will include the original signed reimbursement letter, a copy of the Project Worksheet/Payment Summary, and the warrant (to be added to the package by the Finance Office).

- Locate the correct letter for the State declaration at I:\Recovery\PA Branch\FINANCE\ Payment Letters.
 - Change the date to reflect the current date,
 - Change the address to reflect the appropriate applicant and applicant agent.
 - Enter in the correct warrant number and the dollar amount of the reimbursement.
 - Change other fields as appropriate to reflect that of the current applicant.
- The letter will then need to be signed by the PA Branch Chief or the Assistant Director of Recovery, if the Branch Chief is not available. Once the signature has been received make two copies of the signed letter - one for our files, and one to be placed in the Finance office as back up documentation for that reimbursement.
- Prepare an envelope for mailing with the applicant information, and certified mail receipts (USPS 3800 certified mail receipt and USPS 3811 domestic return receipt).
- The letter and envelope will then be hand carried to the Finance Office, they will then enclose the warrant into the envelope with the signed letter, and mail to the applicant. They will also give the Recovery Office a copy of the warrant to be placed into the applicants file.

ARIZONA DIVISION OF EMERGENCY MANAGEMENT REQUEST FOR PAYMENT FORM

Proclamation # _____ Applicant Name _____

Instructions for Applicant's Authorized Representative:

For each PW enter PW Amount, % Complete, Date Complete and Amount Requested. Sign and Date where indicated. Attach substantiating documents, which are clearly identified by corresponding PW number.

Wendy Smith, Public Assistance Program Manager
Arizona Division of Emergency Management
5636 E. McDowell Road, Bldg. 5507
Phoenix, Arizona 85008-3495

PW Number	PW Amount	Percent Complete	Date Complete	Amount Requested
				\$
				\$
				\$
				\$
				\$
				\$
			Total →	\$

I hereby certify that all costs claimed hereon are eligible in accordance with A.R.S. 35-192, as amended, all work claimed is complete as shown, and costs are supported by documentation.

Sincerely,

Signature of Applicant's Agent

Printed Name of Applicant's Agent

Date

Applicant Agent's Phone Number

For ADEM Use Only		
Amount	Approved By:	Date

RECEIVED BY: _____ January 2006 FORM # AZ PA 204-15
(INITIALS & DATE)